

The Department of Mental Retardation Strategic Plan

**2001 – 2004
Summaries**

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Commissioner, Department of Mental Retardation

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The Department of Mental Retardation Strategic Plan

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Strategic Goal 1: Define a systemic plan to service the population

OBJECTIVES: The Department clarifies its eligibility.

PROCESS: A small group was convened that addressed the eligibility question as well as the design and implementation of the regional intake and eligibility teams. The group consisted of a broad cross-section of DMR staff and outside participants and consultants. A great deal of research, including extensive research on the changing definitions of mental retardation, was conducted. Literature searches and consultations with other state MRDD agencies were also undertaken. Two issues were particularly challenging: how to address the autism population and the fact that the Commonwealth does not have a dedicated developmental disability agency for children and adults.

PRODUCTS CREATED: A new intake and eligibility manual has been developed which includes a standardized statewide process and a proposal to change the eligibility criteria. The workgroup has recommended that DMR cease to rely on the 1992 AAMR definition and more closely align the Department's eligibility with the American Psychiatric Association and the American Psychological Association but rely on neither one in total. The work group further recommended that the Department address a portion of the child population with autism. Since the work group has concluded its work, in April 04 Secretary Preston, EOHHS, assigned DMR the responsibility of creating a home agency for children under 18 who fall within the Autism Spectrum of Disorders to include Autistic Disorder, Asperger's disorder, and PDD-NOS. The creation of the Autism Spectrum Division is now proceeding with its own strategic planning process with a start date for implementation in FY 06.

- Create intake and eligibility manual – Accomplished
- Recommended changing our Mental Retardation definition in our regulations – Accomplished
- Proposed a new definition of Mental Retardation which will require regulation changes – Drafted new regulations for promulgation
- Proposed broadening the eligibility to serve some of the children with autistic disorder which has been superseded by the designation of DMR has the home agency for children with Spectrum Disorders under the age of 18. – Under development

Current Status and Next Steps:

Promulgation of new regulations for both Adult and Child eligibility
Creation of the Autism Spectrum Division

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Strategic Goal 1: Define a systemic plan to service the population

OBJECTIVE: Develop clear guidelines on interagency service responsibilities

PROCESS: The reorganization of the Executive Office of Health and Human Services in the FY 03 budget has made work at an interagency level more successful than in the past. Although this effort was not a direct by-product of DMR's Strategic Plan, many of the issues that DMR wished to address will benefit directly from the reorganization efforts.

PRODUCTS CREATED: The reorganization of the Executive Office of Health and Human Services has helped to clarify interagency responsibilities and parameters. In particular the creation of a disability cluster, the creation of the Assistant Secretary of Disability and Community Services, and the recognition of the pivotal role that the state's Medicaid program plays in lives of people with disabilities has provided a forum to address interagency issues. Additionally, the development and implementation of the Planning and Review Teams will assist families served by multiple state agencies in their respective roles and responsibilities.

CURRENT STATUS AND NEXT STEPS: The work of the reorganization is ongoing and the emphasis on long term supports and its impact on people with disabilities will provide many opportunities to shape both the policy and program direction of long term supports, including nursing homes, personal care attendant services, day habilitation to name a few.

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Strategic Plan Goal 1: Create Regional Eligibility Teams

Objective: Create regional teams to complete intake and eligibility

Process: A small work group was used to achieve this objective, outside participants were included in the process, literature was reviewed, surveys with other states was conducted and a thorough examination of the shortcomings of the current system at the time were discussed and analyzed.

Products: In FY 02 six regional eligibility teams were created which corresponded to the five regions at the time: Region 1, Region 2, Region 3, Region 5, and two teams in Region 6. To maintain consistency each team is staffed with an eligibility manager, an eligibility coordinator (a social worker), a licensed doctoral level psychologist, and a group of eligibility specialists and the support of an RN if needed. The teams are centrally managed and supervised which permits the reassignment of team members to assist other teams when the volume of activity increases. It allows permits for peer consultation. Each team reports its statistics on a quarterly basis using the same format. In FY 03 the teams were consolidated to reflect DMR's reorganization; currently there are teams in the Southeast, Northeast, Metro and a larger integrated team in Central-West. The teams have created a new eligibility manual consisting of a process section and a proposed new criteria for eligibility. In consultation with the Department's Management Information System staff a comprehensive intake and eligibility data management system has been created which for the first time will aid the Department in planning for its future needs.

- Created regional eligibility teams – Accomplished
- Created consistent staffing and supervision- Accomplished
- Created a standard process eligibility manual – Accomplished
- Created an intake and eligibility data management system – Accomplished
- Created statewide eligibility management meetings – Accomplished
- Created statewide psychologist meetings- Accomplished
- Created statewide eligibility management reports – Accomplished

Current Status and Next Steps: Regional eligibility teams are now integrated into the Department's ongoing practice.

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Strategic Objective 1: Create a standard need assessment process for consumers

OBJECTIVE: Develop a standard assessment tool for determining need for specific services for new and existing consumers and a consistent methodology for prioritization for funding.

PROCESS: Multiple interlocking work groups including internal DMR staff, providers, and other external stakeholders were established. Research was conducted on a variety of tools and methodologies employed by other states. An assessment of the strengths and weaknesses of existing products on the market was conducted. Consultation with staff from the National Association of State Development Disabilities Systems was also sought.

PRODUCTS CREATED: A standardized tool was adopted named ICAP (Inventory for Client and Agency Planning) to assess the need for services for adults. The ICAP was chosen both because of its reliability and validity as well as the fact that many other states had chosen to use it. The Department created a process known as ***MASSCAP*** to include the integration of the ICAP and additional information about the specialized characteristics of the individual and the strengths and needs of the caregiver. The ***MASSCAP*** process is intended to be used at the time of intake and eligibility as well as for existing consumers when their needs change. The information in ***MASSCAP*** will also be used to determine eligibility for the Home and Community Based Waiver and the new prioritization system, which has been proposed.

- Selected the ICAP as the Department's standardized tool – Accomplished
- Created the ***MASSCAP*** process and tool – Accomplished
- Created a new prioritization system for adults – Accomplished

CURRENT STATUS AND NEXT STEPS: Share both the ***MASSCAP*** and new prioritization system with stakeholders. Address how to create a pool of flexible funds for managing emergencies and risk. These issues maybe best addressed by the new economics model that is being developed.

- Promulgate new adult prioritization regulations
- Disseminate ***MASSCAP*** process to stakeholders
- Create new ***MASSCAP*** process for children
- Create new prioritization system for children
- Create flexible funds for risk management

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STRATEGIC GOAL 1: DEFINE A SYSTEMIC PLAN TO SERVICE THE POPULATION

OBJECTIVE: Create a standard assessment for individuals that generates a profile of support needs, assigns each individual to an intensity of need level, and prioritizes access to available resources. Review and revise purchase of service mechanisms to fit the new system.

PROCESS: The “economics committee” delegated work on a standard clinical assessment and revised prioritization process to a sub-committee. The sub-committee recently issued a final draft of the MASSCAP which is a combination of a standardized functional skill assessment and a review of family and home factors that together determine prioritization and need for specific services.

The “economics” committee also delegated work on a reformed POS/contracting methodology to a subcommittee comprised of 3 provider agency executive directors, 3 DMR representatives and two consultants from Bailit Health Purchasing. The subcommittee developed a ‘new standard residential rate methodology’ that assigns a rate of reimbursement for each home in program code 3153, 24 hour residential. The rate methodology ensures fairness, equity, and transparency as service dollars are allocated. Three additional sub committees were formed to recommend new policies and business practices that would be consistent with the new rate methodology: 1) Contracting & Revenue 2) Finance, Budgeting & Operations, and 3) Housing. All committees finalized their draft recommendations.

PRODUCTS CREATED:

- Automated Site Detail Form – Accomplished
- Rate Calculator – Accomplished
- Attachment ¾: Fiscal Year Rate Calculation-Accomplished
- Operations Guide to New Rate Methodology - Accomplished
- Methodology for Establishing Site Adjustment Caps (MAR and HUD)- Accomplished
- Geographic Site Adjustment Application form – Accomplished
- Instructions: How to apply for a Geographic Site Adjustment- Accomplished
- Home Renovation Adjustment Application form- Accomplished
- Instructions: How to Apply for a Home Renovation Adjustment- Accomplished

CURRENT STATUS AND NEXT STEPS:

February 2, 2005: Training on new rate methodology provided to DMR senior managers

February 17, 2005: Training on new rate methodology and FY'05 contracting provided to DMR residential supports provider CEO's and CFO's.

March 2005: Continue to work with the Purchase of Service Advisory Counsel at EOHHS concerning issues related to services in the base.

March 2005: Re-contracting training provided to provider business and contracts staff.

April 2005: DMR staff begins FY05 contract negotiations including separation of placement services into program code 3150 contracts.

7/1/2005: New rates implemented for all new 24-hr residential sites.

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Strategic Goal 1: Conduct study on likely bed capacity for the future

OBJECTIVE: Conduct a study based on current community bed capacity as well as likely future expansion needs to develop a three-five year residential plan.

PROCESS: The Department consulted with the National Association of Developmental Disability Services expert to provide the analytical modeling for DMR.

PRODUCTS CREATED: An analysis was conducted of our existing bed capacity and the predictive model was applied in order to calculate our future needs. The model predicted that DMR would need 12,030 beds and that at that rate we would be more than able to meet the needs for residential supports over the next three to five years. A critical component of the analysis was based on the need to create a standardized assessment process to determine individual need.

- Analysis of future bed capacity undertaken - Accomplished
- Inventory of bed capacity – Accomplished

CURRENT STATUS AND NEXT STEPS: Current inventorying of bed capacity and a reevaluation of types of housing models need to occur.

- Inventory of bed capacity
- Policy work on housing models of the future – In process

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Strategic Goal 1: Develop a plan to identify short and long term role for the facilities

OBJECTIVE: Make recommendations regarding (i) current and future functions of the facilities; (ii) appropriate number of facilities to meet capacity needs; and (iii) bed capacity to meet future needs.

PROCESS: A facility planning workgroup composed of DMR senior managers, representatives from the State Advisory Council and the Governor's Commission on Mental Retardation and external stakeholders was collected, examined and analyzed data and information on the six facilities, the DMR community service system, changing needs of individuals with mental retardation, alternative models and functions for facilities and national trends in facility based services, and based on this work, made projections on the future demand for facility beds and recommendations on the future roles for the facilities based on those projections.

PRODUCTS CREATED: The workgroup projected that the current facility bed capacity exceeds what will be required to meet the projected future need.

- Completed analysis of DMR bed capacity in the facilities – Accomplished – Draft report generated

CURRENT STATUS AND NEXT STEPS: Towards reducing excess capacity, the Department is in the process of phasing down and closing the Fernald Development Center. An internal work group will be assigned to assess the future needs of the Department with regards to its ICFMR capacity.

- Fernald closure implementation underway
- Create internal workgroup to assess the future needs of the Department with regards to its ICFMR capacity.

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Strategic Goal 1: The Department will maintain an effective partnership with consumers and families

OBJECTIVE: To develop a set of strategies for effective partnerships with consumers and families and a set of mechanisms that will assure that DMR will receive the necessary feedback or advice it needs to ensure that consumers and families receive clear information on regulations, policies, services and supports, community resources, and appeal mechanisms, and that all information is responsive to diverse cultural groups; and that there are opportunities for consumer choice and decision-making consistent with the Department's Guiding Principles, its statute, and all applicable laws and regulations.

PROCESS: A 21 member workgroup composed of individuals with disabilities, family members and DMR staff worked on developing a framework for partnerships, identifying concerns and potential barriers to effective partnerships, and developing recommendations for specific actions including products that will set the table for the Department of Mental Retardation to establish and sustain effective partnerships with individuals with disabilities and families.

PRODUCTS CREATED: The workgroup developed a working definition of Partnership and Principles of Partnership that will guide and inform future collaborative efforts between DMR and individuals and families. The workgroup also identified areas/topics on which consumers and families want information from DMR and opportunities for input, and areas/topics on which DMR wants information, advice and feedback from consumers and families and strategies and forms for effective communication.

- Developed a master reference listing of publicly funded health insurance and benefits (web based format) that is now housed in the New England Index website.
Accomplished
- Created new features for the DMR website including Spectrum of Services for Adults, Spectrum of Services for Children, "In Brief" description of DMR regulations on eligibility, ISP, human rights and investigations -
Accomplished

CURRENT STATUS AND NEXT STEPS: Finalizing the new features for posting on the DMR website in different formats and languages to improve the usability and effectiveness of communication through the Internet.

- Align DMR materials with Virtual Gateway at EOHHS
- Create translation protocol and process

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Strategic Goal 2: Ensure qualified staff and effective organizational Structure

OBJECTIVE: Create a plan to address recruitment and retention needs

PROCESS: A recruitment and retention work group was established that included Department staff and external stakeholders. Research was conducted and an analysis of both best practices and promising practices occurred.

PRODUCTS CREATED: The recruitment and retention work group created a report detailing the problems surrounding recruitment and retention. It also designed an employee questionnaire to be utilized at the time of employment, recommendations about the relationship between the local human resource departments and the operational staff within DMR, and an exit interview questionnaire designed to assist the Department in understanding why people chose to leave DMR. The group also did the legwork to assist another work group in designing a comprehensive training and staff development plan for DMR and its providers. The work group was able to make the connection more explicit about the link between quality and education for the field. Although the low salary for direct support workers remains a major challenge, the work group felt that salary alone was insufficient to address either the recruitment or retention issues in the field in part because of the demographic issues involved and in part due to the lack of professional respect accorded direct support workers. The work group also recognized the changing face of the workforce and felt that DMR and the provider community needed to become more culturally sensitive.

- Created recruitment and retention policy paper – Accomplished
- Created entrance and exit interview questionnaires- Accomplished
- Developed a framework to support different levels of staff development – Accomplished
- Studied the changing state demographics- Accomplished

As a by-product of the work on Strategic Objective 2, the Department has also done the following:

- Created a statewide diversity council – Accomplished
- Supported the ongoing efforts of the regional diversity councils within DMR. – Accomplished
- Trained 1600 individuals in a two day diversity curriculum- Accomplished

- Created a Train the Trainer Model to increase the supply of diversity trainers – Accomplished
- Developed a plan to train an additional 1000 employees in FY 05. In process
- Continued to Support the Direct Support AD Campaign- Accomplished
- Applied for an America Corps grant(s) and other Federal Workforce grants through Center for Medicaid and Medicare (CMS) Expanded the Community College Direct Support Program to eight (8) sites around the state- Accomplished

CURRENT STATUS AND NEXT STEPS: The problem of a sufficient supply of quality direct support workforce remains a major concern for our system. Additionally, the ability to recruit and retain nurses both RNS and LPNS remains highly problematic. Continued work and creative thinking about issues of recruitment and retention is required in order for DMR to maintain and grow its system.

- Explore development of LPN/RN recruitment strategy
- Continue to work on creative ways to increase salaries
- Keep the issue of recruitment and retention at the forefront

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Strategic Goal 2: Develop an effective training plan

OBJECTIVE: Develop an effective training and development program to enhance the competence, performance, role clarity, and satisfaction of staff.

PROCESS: A work group was convened to craft a training plan to support all levels of staff within DMR and in the provider community. A number of small work groups were spun off of the training plan work group to work on specific elements of the plan.

PRODUCTS CREATED: A comprehensive training plan was written and approved by the Commissioner. The plan identified different types of training and staff development for different types of staff. The plan is based on the notion that learning is a lifelong process and that developing competencies is critical to the success of our work. A new orientation has been developed, which is currently being piloted around the state, a process for certifying applied-non violence programs is currently underway and a process for certifying human rights training has also been established. A Service Coordinator Institute has been created which includes an orientation component, key areas, and a professional development track. Grants from Units 8 & 10 have been received to enhance professional development opportunities for service coordinators, and 5 regional libraries have been created.

- Created a statewide training and staff development plan – Accomplished
- Institutionalized the need to emphasize competencies- Accomplished
- Developed a new DMR orientation – Accomplished
- Created a Service Coordinator Institute- Accomplished
- Received grants from Units 8 & 10- Accomplished
- Created multiple professional libraries across the state with the assistance of Units 8 & 10- Accomplished
- Created process for certifying Applied Non-Violent curricula- Accomplished
- Created process for certifying Human Rights training - Accomplished

CURRENT STATUS NEXT STEPS: Continue to pilot new DMR orientation and make adjustments based on feedback from participants, work on developing tiered competencies and trainings for direct support workers, implement certification process for ANV curricula.

- Full scale implementation of new orientation
- Development of first line supervisory training
- Complete certification process for ANV curricula
- Conduct analysis of required CPR training
- Review training in preventive health care activities

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Strategic Goal 2: Identify infrastructure and organizational development needs

OBJECTIVE: Develop organizational infrastructure and manage organizational development activities to support the Strategic Plan.

PROCESS: A number of workgroups were established to work on a wide variety of tasks; many of the work groups consisted of agency staff, families and key advocacy entities. The Department also engaged a number of organizational consultants to help the Department address the change management issues that were going to arise as well as to assist in the development of the APD.

PRODUCTS CREATED: One of the workgroups created a set of guiding behavioral principles for Departmental employees as well as the development of the "Rule Book." A series of Management Institute offerings around change management and managing difficult individuals was also created for all senior managers of the Department. The Department created a new organizational infrastructure and created a new governance structure to support the development and implementation of the Strategic Plan, referred to as Steering. The creation of Steering as the governance mechanism of the plan has now also become the governance mechanism to manage workflow and key policy decisions for the Commissioner. The role of Steering is to recommend to the Executive policy and programmatic changes. DMR also created a new management team meeting structure based on a team concept. Finally, the Department submitted and received approval from the Centers for Medicaid and Medicare for its Advanced Planning Document (APD). The Department is now engaged in the process of implementing its new management information system, DMRIS.

- Created new guiding principles – Accomplished
- Created Rule Book – Accomplished
- Created Management Institute – Accomplished
- Created new governance structure, called Steering – Accomplished
- Created new management meeting structure- Accomplished
- Submitted and received approval for new MIS system called DMRIS – Accomplished

CURRENT STATUS AND NEXT STEPS: We are now at the beginning phases of the implementation of DMRIS, which will take place over the next 26 months. The implementation of DMRIS will be transforming. DMR is also in the process of developing competencies for individuals who work in the finance, accounting, and contracting units in the Department. We are also currently working to establish a series of management trainings for senior managers on auditing, contracting, and ethics issues.

- Implement DMRIS/HCSIS
- Work with Human Resources to disseminate Rule Book
- Update Management Institute Offerings

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Strategic Goal 3: To establish effective and consistent health, clinical, and behavioral supports for persons with mental retardation across the Department of Mental Retardation system.

Objective: To establish effective and consistent physical health supports for persons with mental retardation across the Department of Mental Retardation.

Process:

Core group worked in collaboration with staff from the Center for Developmental Disabilities Evaluation and Research (CDDER). Several studies and literature searches were conducted including a mapping survey and literature search of health care assessment tools that informed the work of the group. Providers with effective health care systems were invited to share promising practices.

A work plan was developed that spelled out the specific objectives of the group, the components of an effective system and work products to be developed. In some instances, products built upon existing tools, and in other instances the group developed tools.

Once developed, the tools and systems were piloted with 15 providers representing all geographic areas of the state, public and private providers, and providers with and without nursing support. Revisions were made as a result of the pilot. An implementation timetable was developed in close cooperation with provider groups. The "Health Promotion and Coordination Initiative" was rolled out in 2 phases. The first phase was rolled out with providers in December 2003 and focused on improved information and coordination of care with human services providers and generic health care providers. The second phase was rolled out in March 2004 and involved both providers and service coordinators. The focus of Phase II was integration of health care issues into the ISP process, the protocol for clinical consultation and the health care record.

Products Created

- Preventive Health Screening Recommendations – a set of guidelines for providers and families to use regarding age appropriate screenings for all individuals – Accomplished
- Health Review Checklist- An easy to use checklist for direct support professionals to record easily observable health issues. Used for all visits with primary care physician- Accomplished
- Tools for the Health Care Appointment- Easy to use encounter forms, guidelines for a successful health care appointment. - Accomplished

- Health Record – replaces the personal health fact sheet for the ISP. Contains all information necessary for a permanent and portable health care record. – Accomplished
- Protocol for a Clinical Consultation- process by which providers, families, can request a clinical consultation from a DMR area nurse. Outlines 10 circumstances that should trigger the request. – Accomplished
- ISP Health Planning Worksheet – planning form to be used at the ISP to focus attention on health care issues and supports. – Accomplished

CURRENT STATUS AND NEXT STEPS:

- Products are now fully incorporated into DMR practice.
- Health Initiative is being shared and adapted for use by other MR/DD systems around the country
- DMR has established a Health Advisory Committee to advise the Commissioner on programmatic, policy, and clinical issues.
- Currently working with Department of Public Health to adapt manual for use with other disability groups
- Working with Mass Health on mechanisms to support distribution to Mass Health members
- Developing protocol to evaluate impact of health initiative

OBJECTIVE 3 (Mental Health and Behavioral Supports)

OBJECTIVE: Establish effective and consistent health, clinical, and behavioral supports for persons with mental retardation across the DMR system.

- Recognize and respond to each consumer's needs for available health, clinical and behavioral supports
- Ensure a coherent departmental approach for addressing health, behavioral, and clinical issues and concerns
- Work with health care agencies and other funding sources to assert the needs of the overall population with mental retardation

PROCESS: A working group on behavioral supports and mental health has been focusing on developing a road map for the department and its providers regarding clear and consistent clinical and professional standards for the provision of mental health and behavioral support services, clinical staffing models for DMR, proposing an explicit system to monitor behavioral support need, referral, follow up and tracking, and working with significant agency partners in information gathering, standards development, and implementation. The system design has focused on the needs of adults. Future work on child and

adolescent needs will follow if these issues come to the attention of DMR and its providers. An integrated approach to clinical staffing focusing on both physical and behavioral health for the regions and areas has been a subject of work.

PRODUCTS CREATED: The group is proposing expanded utilization of the comprehensive health screening assessment, which will serve as a trigger for further mental health or behavioral support and assessment.

The group is also developing an outline of criteria, standards and referral flow for accessing generic mental health referrals and referrals for specialty behavioral supports.

Working with other agency partners this group has done extensive work in assessing DMR's utilization of generic mental health and behavioral supports (available in the community) and is taking steps to better understand variability in this utilization, to remove barriers to access, and to participate in the development of education and outreach activities focused on community providers of mental health and behavioral supports.

CDDER has drafted a report on the clinical capacity of the mental health and behavioral supports available in the DMR residential providers. This along with similar analyses of DMR clinical staff resources and clinical contracts, help provide a more complete picture of resources available, in total, to address mental health and behavioral support needs for adults in our system.

Also working with both Mass Behavioral Health Partnership and CDDER, the work group has begun to develop a much more comprehensive and detailed understanding of the utilization of medications, specifically psychotropic medicine; the work group is beginning to develop proposals regarding continuing analysis, standards development, and the process of referral for individuals whose medication use merits review.

CURRENT STATUS AND NEXT STEPS:

This group is anticipating completion and development of a guidebook for the provision of mental and behavioral supports.

It is anticipated that the guidebook will contain information on the following topical areas:

- Behavior Plan/Peer Review
- Medication use and review
- Public Safety/Risk Management
- Processes/Protocols/Structures at area, regional, central (integrated with physical health)

- Identification of emerging need for mental health and behavioral support and referral to generic community based providers
- Identification of emerging need for specialty mental health and behavioral support, standards for specialty providers, and referral and follow up.

This working group is anticipating completion of the development of materials and plans, and phased roll out, to Area Directors and other key Area Office staff, and then Service Coordinators and Service Coordinator Supervisors in calendar 2005.

Substantial work is done or in progress and it is anticipated that some follow-up pieces will necessarily require attention over an extended interval; the plan for some of these is that they will become topics for DMR Health Advisory Committee, interagency work between DMR and other state agencies, and other.

- Expected completion of materials-June 2005 In process
- Training and implementation to follow - June – December 2005, Pending
- Proposed clinical staffing template for DMR Regions and Areas

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Strategic Goal 4: To develop an effective quality management system

Objective:

To develop an effective quality management system which measures key indicators and utilizes information to promote service excellence and develops monitoring systems to ensure continuous improvement, quality outcomes, and necessary safeguards for individuals.

Process:

The group developed principles to guide work, outlined the components of an effective quality management system, and identified stakeholders. The work group identified the outcomes that a QMIS system should track. An extensive survey was done to gather input about the outcomes. The survey asked stakeholders to identify priorities for purposes of tracking and reporting. An internal review of existing databases was conducted to determine current and future needs.

Products Created:

A detailed work plan outlining the components of an effective QMIS system with timetables for implementation. The following components were included in the plan:

- Periodic and on-going management reports
Monthly management reports –In process
Annual QA reports- Accomplished
Mortality Reports – Accomplished
- The development of a uniform incident management system –
template developed but deferred pending implementation of the
major data system reconfiguration – Pending DMRIS/HCSIS
- Establishment of Regional Quality Councils –Accomplished -
currently undergoing orientation
- Establishment of Statewide Quality Council – in process
- A process to evaluate individual and family supports –
Individual support evaluation process – Accomplished
Family support evaluation - In process
- Refinement of existing risk management, critical incident systems –
Accomplished
- Enhancements to clinical mortality review process- Accomplished

- Revisions to survey and certification system- Accomplished
- Development of health advisories and alerts – Accomplished
- Development of provider profiles – deferred, but will be piloted as part of new CMS QA/QI grant recently awarded – Pending

Current Status and Next Steps

- Group has completed its work, but the template developed and ongoing implementation of QMIS system rests within the Office of Quality Management. Implementation of the new data system, DMRIS, will advance the remaining projects including the incident management system.
- Work on the provider profiles will begin as the CMS grant gets underway.

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